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		<b>Attorney Docket Number</b>	A088 US		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	Polman		
		COMPLETE IF KNOWN			
		Application Number			
<b>-</b>			Filing Date		
<ul><li>Declaration</li><li>Submitted</li></ul>	OR	Declaration Submitted after Initial	Group Art Unit		
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name		·

As a below named inventor, I hereby declare that:					
My residence, mailing address, and	My residence, mailing address, and citizenship are as stated below next to my name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					l
Use of Riluzole for the Treatment of Multiple Sclerosis					
	(7)	itle of the Invention)			
the specification of which					
is attached hereto		as I Inited St	tates Application N	lumber or PCT Internation	nal
was filed on (MM/DD/YYYY)			ф		
Application Number	and was a	mended on (MM/DD/YY	w L	(if applicable	∌).
·· <u> </u>		·		including the claims as	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach	ed?
99201788.9	EP	06/04/1999	0000	0000	
Additional foreign conflication	numbors are listed on a	supplemental priority da	ata sheet PTO/SB	/02B attached hereto:	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)		Filing Date (MM/DD/YYYY)			
60/174,328		01/04/2000		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.	

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **A088US**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Chris Polman

Serial No.:

Not Assigned yet

Title:

Use of Riluzole for the Treatment of Multiple Sclerosis

Power of Attorney

U.S. Patent and Trademark Office P.O. Box 2327

Arlington, VA 22202

Dear Sir:

I have been granted power of attorney in the caption application and hereby grant the following attorneys/agents with Associate Power of Attorney:



Allan A. Brookes	36,373
Gary L. Creason	34,310
John T. Li	44,210
Timothy P. Linkkila	4 <del>0,702</del>

to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

It is requested that all correspondence be directed to Allan A. Brookes, whose address is Biogen, Inc., 14 Cambridge Center, Cambridge, MA 02142.

Please direct all calls to Allan A. Brookes at (617) 914-4852.

Respectfully submitted,

R'aymond G. Arner

Registration No.: 32, 958

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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	ustomer Numbe Bar Code Labe				OR X	Correspondence address below
Name Allan A. Brooks	Name Allan A. Brookes					
Address BIOGEN, INC.						
Address 14 Cambridge Cent	Address 14 Cambridge Center					
city Cambridge		····		State	MA	ZIP 02142
Country	Tel	lephone	(617	914 48	52	Fax (617) 679-2838
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petition	on has been fi	led for this unsigned inventor
Given Name Chris	Given Name Chris Family Name			Polman		
(first and middle [if any]) or Surname  Inventor's Signature Date					Date	
Residence: City Overv	een	_	State	CX,	NL Country	NL Citizenship
	nirlaan 86, N	L-2051	НЕ			
Mailing Address						
Overveen	State			ZIP	NL-2051 HE	Netherlands Country
NAME OF SECOND INVENTOR:      A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])  Family Name or Surname						
Inventor's Signature Date						
Residence: City	· · · · · ·		State		Country	Citizenship
Mailing Address						
Mailing Address						
City State ZIP Country  Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						